

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575091

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
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40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46	1		1			
47						
48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		44	←		←
TOTAL CLAIMS			46			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						